

Change Management in the Washtenaw Community Health Organization (WCHO)

Presented by:

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Washtenaw County, Michigan

- Southeast Michigan, near Detroit
- Population of 300,000
- Regional affiliation that boosts population closer to 700,000
- Home to five colleges/universities
- County based mental health system with state oversight

What is the WCHO?

- WCHO created by change in law – May 2000
 - Eliminated the CMH Board as we knew it
 - Created a new, joint Policy Board with broader responsibilities with the University of Michigan Health System
 - CMH Program and PIHP, Substance Abuse Coordinating Agency, Primary Care Policy Oversight – Integrated Health Care Delivery System
 - Flexibility of the model

The Mission

- Our mission remains “to provide an integrated mental health, substance abuse and physical health care delivery system for Medicaid and indigent consumers... that is responsive to the needs and values of the citizens of Washtenaw County
- Primary focus on persons with a severe and persistent mental illness, substance abuse disorders and/or developmental disabilities; expanding to include all Medicaid and indigent

Key Features of the Change Management Process at the WCHO

- Defining and committing to a vision and mission
- Commitment to values
- Having the right staff in the right positions at the right time
- Communication, Communication, Communication
 - Decision Making Process
 - Conflict Resolution

Defining the Vision

- SWAT Analysis – 1995
 - Partnership options
 - Need for a constant direction
 - Broad enough to provide tension with current reality
- Board of Director's buy-in
- Organizational Strategic Plan

Committing to the Vision

- Departmental Plans/Individual Work Plans
- Staff Buy-in (Behavior/Attitude Change)
 - Linking the Strategic Plan to everyone's job
 - Staff Meetings
 - Small Group Meetings 3x a year
 - Measuring our success
 - Linking personal vision to organizational vision
 - Champions

Key Values

- Value to the consumer
- Vision as a basis for decisions
- Evidence-based Practice
- A “culture of measurement”
 - Technology supports the change
 - Data collection as part of day to day operations
- Learning Organization – Senge
 - Personal Mastery
 - Systems Thinking

Right Staff in the Right Position at the Right Time

- Leadership is key
 - Vision work
 - Securing promises and commitments
- Management follows leadership
 - Holding people accountable for their commitments
- Champions/Gladwell – The Tipping Point
- Be willing to move people to the right positions and/or out of the organization

Communication

- **Decision making model**
 - People support what they help to create
 - Communicate the why and how of decisions
 - Notification
 - Majority Rules
 - Consensus
- **Conflict Resolution**
 - Have a process in place for conflict resolution
 - Leadership Training Process – Personal Mastery Program
 - Learning Organization

Transformation in WCHO

- Creation of the WCHO
- Integrated Health Services Access
- Regionalization/Capitation
- Evidence Based Best Practice
 - Implementing 3 SAMHSA EBP's for SPMI
 - Planning implementation of final three
- Culture of Measurement
 - Full electronic infrastructure (Care Web; Encompass)
 - All data collected in the process of doing business
- Integrated Services with Primary Care Practices
 - CMH Staff within primary care clinics
 - Nurse Practitioner clinics at CMH

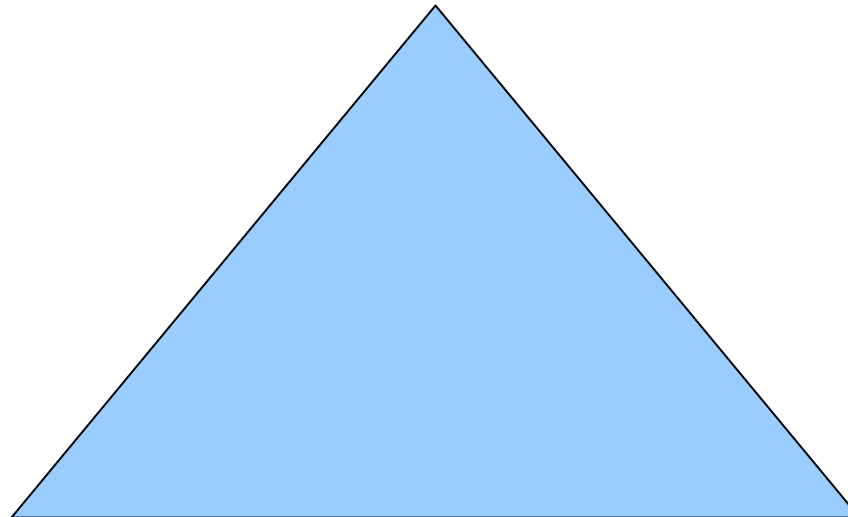
Transformation Model

Competency Knowledge, Skills, Abilities

- Leadership Training
- EBP
- Culture of Measurement
- Project Mgt. Training

Change Management – Behavior & Attitude

- Vision
- Champions
- HR Moves
- People support what they help to create
- Leadership



Project Management – Business Practice and Workflow

- Technology
- Decision Making Model
- Conflict Resolution
- Planning

Adapted from Neal Adams,
CIMH